



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. The correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless otherwise directed below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

32692 7590 12/01/2005

3M INNOVATIVE PROPERTIES COMPANY  
PO BOX 33427  
ST. PAUL, MN 55133-3427

12/08/2005 HBERHE1 00000094 133723 09678580

01 FC:1501 1400.00 DA  
02 FC:8001 9.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Susan M. Backof (Depositor's name)  
Susan M. Backof (Signature)  
December 7, 2005 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/678,580      | 10/03/2000  | Daniel A. Japuntich  | 48317USA7K.030      | 7366             |

TITLE OF INVENTION: FIBROUS FILTRATION FACE MASK HAVING A NEW UNIDIRECTIONAL FLUID VALVE

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$0             | \$1400           | 03/01/2006 |

| EXAMINER       | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| LEWIS, AARON J | 3743     | 128-206150     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Karl G. Hanson  
2  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

3M Innovative Properties Company

St. Paul, Minnesota

DUPLICATE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-3723 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date 12-07-05

Typed or printed name

Karl G. Hanson

Registration No. 32,900

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



☎ 651 736 4517

12/07/05 16:17 ☐ :01/03 NO:189

|   |                        |  |
|---|------------------------|--|
| <b>FACSIMILE<br/>TRANSMITTAL<br/>FORM</b>   | Application Number     | 09/678580                              |
|   | Filing Date            | October 3, 2000                        |
|   | First Named Inventor   | Japuntich, Daniel A.                   |
|   | Art Unit               | 3743                                   |
|   | Examiner Name          | Aaron J. Lewis                         |
| Fax: 571-273-2885                           | Attorney Docket Number | 48317US030                             |
| Total Number of Pages in This Submission: 3 |                        |  |
| Date: December 7, 2005                      |                        | Attorney for Applicant: Karl G. Hanson |

| ENCLOSURES (check all that apply)  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Issue Fee Transmittal<br><input type="checkbox"/> Amendment Transmittal  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                    |
| <input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s)   | <input type="checkbox"/> Petition to Convert a Provisional Application  | <input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> Power of Attorney, Revocation  | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Express Abandonment Request   | <input type="checkbox"/> Change of Correspondence Address   | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Information Disclosure Statement  | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Other Enclosures:   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts under 35 USC 371 in US Designated/ Elected Office (DO/EO/US) | <input type="checkbox"/> Request for Refund<br><input type="checkbox"/> Request for Continued Examination (RCE) Transmittal |  |
| <input type="checkbox"/> Drawings  | <input type="checkbox"/> After Allowance Communication to Technology Center   |  |
| REMARKS:   |   |  |

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION  
MAY CONTAIN CONFIDENTIAL OR LEGALLY PRIVILEGED INFORMATION  
INTENDED ONLY FOR THE PERSON OR ENTITY NAMED BELOW.

If you are not the intended recipient, please do not read, use, disclose, distribute or copy this transmission.  
If this transmission was received in error, please immediately notify me by telephone directly at 651-736-7776 or  
651-733-1500, and we will arrange for its return at no cost to you.